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## EDITORIAL COMMENT



### NURSING EDUCATION: THE TEACHING RESPONSIBILITY OF THE HOSPITAL

SUPPOSING the hospital to have supplied ample living accommodations for the nurses and a sufficient number of pupils in the school, under trained heads of departments, for ample care of the patients in the ward, we come to the question as to how far the hospital management is responsible for the theoretical teaching of subjects which do not bear directly upon the practical care of the patients in the institution. In the past, more particularly in the early days of training-schools, hospitals have not assumed great responsibility, feeling that when the pupils had been given the practical experience in the wards, with the few and often-times disconnected lectures by members of the medical staff, given gratuitously, that its responsibility, from the educational standpoint, had been discharged. But we are leaving those days and conditions behind us and there has been a general awakening, first of all, by the nurses themselves, by the authorities of leading schools and by the members of the medical profession, of a broader responsibility to the nurse in training, for a more complete theoretical education, by which, through demonstrations and laboratory work, she shall be fitted for a more intelligent care of patients outside of hospital conditions.

The examinations, which are now being held in a number of states, are proving to be a very important and definite guide upon which to base improved methods of training. We find, for instance, in considering the last examination in New York, of which the questions were published in our last issue, that in the subjects purely practical, the nurses from the great majority of the schools, were well grounded.

In operating-room procedure they ranked first in proficiency. In the care of tuberculosis patients, they show careful instruction. In fever nursing and in all the line of cases which are most commonly met in hospitals, they were well grounded, but in the subjects more purely theoretical, or which cannot be taught clinically in the hospital, with few exceptions, they were weak, the failures coming, in the majority of cases, in the subjects of diet cooking, *materia medica*, the diseases of children, and obstetrics. That representatives from a dozen or more schools would be weak on practically the same lines is conclusive evidence, we think, that the instruction on those subjects in the schools is not yet what it should be, and forms a definite basis upon which the schools are to work in improving their curricula.

In the first outline of subjects required by the Regents for the registration of training-schools, three years ago, *materia medica* and diet cooking were among the requirements. Bacteriology was not added until January, 1906, and yet the pupils showed in this examination a better preparation in bacteriology and its practical relationship to surgery, tuberculosis, typhoid fever, etc., than they did in diet work and *materia medica*.

We do not for a moment advance the idea that the theoretical instruction is of more importance than the practical. If the hospital can do only the one thing, it is of vastly more importance that its pupils should be thoroughly grounded in the simple, practical details of the care of the patient, than that they should be able to pass a difficult examination in bacteriology or be proficient in the spelling of purely scientific, technical terms, but the deficiency in diet work is really a very serious one and the lack of practical knowledge which seems to have been shown in many of the papers on *materia medica*, is really surprisingly deplorable, when we consider the extent to which nurses must, in both hospital and private work, prepare the patients' food, and handle dangerous drugs, and frequently be expected to intelligently administer them, in the absence of a physician. There is no question, in our opinion, but that the schools will profit immediately by the failure of their pupils to pass satisfactorily in these subjects and that each examination will find the applicants better prepared. This is exactly the result which state registration is expected to produce, and the situation, rather than being a discouraging one, is most encouraging.

Now we come to the question, to what extent shall the hospital management be called upon to use its funds for the purely theoretical and scientific preparation of the pupil for the broader field of

private nursing. We endorse Dr. Hurd's recommendation that training-schools for nurses should be endowed, that they should be classed with the higher educational institutions and not with commercial enterprises. As we said last month, the endowment of nurses' homes, in connection with the hospital, is now quite universal and it is only a step further to the establishment of special funds to meet the teaching requirements of the school—special apparatus for demonstrations, paid teachers to teach nursing in all of its branches, both in the ward and by theory, paid specialists for the diet department, with opportunity for actual practical work, paid instructors for those subjects strictly medical, the teaching of which should be kept within the province of the medical profession.

Already we have some illustrations of this plan of instruction, in such schools as the Johns Hopkins, in Baltimore, the Presbyterian, the New York, and the New York City hospitals, the Massachusetts General, in Boston, and others. These institutions are large, are richly endowed and have borne the expense of the development of the schools along those lines, feeling that the better service secured for the hospital is an equivalent for the additional financial outlay, but at the same time appreciating the responsibility of the hospital to the public, as a teaching center for that class of workers who have become so necessary to the public welfare.

The endowment of the training-schools of large hospitals, where friends and influence are easily secured, is comparatively simple. The difficulty and the greater burden is with the smaller schools, which are equally important to the public, but which find greater difficulties in securing funds for maintenance. Our recommendation to the small schools is for closer affiliations and a union of forces for the strictly theoretical or scientific side of the nurse's education. We find, in the smaller cities, where there are two or three struggling hospitals, a spirit of antagonism almost always existing between the managers and officers of the institutions. Friendly rivalry is much to be desired, but antagonistic rivalry is a great detriment to the best welfare and development of the hospitals and to the public. We find too often this rivalry especially marked between the superintendents of the training-schools in these smaller cities, a condition unpardonable, unprofessional, and absolutely detrimental to the development of nursing progress. We would say that our first reform in training-school work must begin with members of the nursing profession holding positions at the heads of schools, and that until these women get into a closer and more friendly per-

sonal relationship, and are willing to work together for the best interests of all nurses, as well as for the nurses under their care, that little can be expected from their boards of managers, or from the public, in the way of coöperation. The superintendent of a hospital creates the atmosphere of the institution. This is particularly so in a small institution, where this officer is a nurse. She may be ever so much in the background, practically unknown to the public, but she controls the spirit of the administration by her own attitude and influence with her board.

The education of the public to a greater knowledge of the needs of training-schools and the necessity for the endowment, must be accomplished principally by the women holding hospital positions. There will be coöperation from individual men and women interested in hospitals and nurses, but only through the great nursing body will this knowledge be broadly distributed.

We do not mean to give the impression that hospitals that are now conducting training-schools shall be in any way relieved of their present responsibility, but rather to endorse Dr. Hurd's plan of seeking to lighten the burden of the hospital and at the same time broaden its educational scope by securing special endowments to be used exclusively for the professional side of the nurse's education.

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## APPRECIATION

THERE are times in the lives of all of us when we feel greatly discouraged over the failings of our fellow-mortals. The hospital superintendent, who has been straining every nerve to provide the best advantages for her pupil nurses, finds them accepting all these complacently as their due and they sometimes have an air of almost conferring a favor on the school by being in it; surgical and obstetrical nurses, after making everything sterile that a trained conscience can suggest, find their patients referring to their efforts as "a great fuss" and alluding to the "good old times" when people could die of appendicitis without knowing what ailed them, or have babies and puerperal fever together without much trouble. Alumnae workers are disheartened by the fact that all work and responsibility must be borne by the willing few, while others, equally able, if they but thought so, look on and criticise. There are days when the *JOURNAL* editors reach the conclusion that they must henceforth write all the articles themselves, and invent all the items.

At such times of depression, we need to follow the advice given by a four-year-old boy to his two-year-old brother, "We must have patience in this world, Charles." Probably the most wholesome remedy is to turn an eagle eye upon our inner selves and to inquire whether we have always been appreciative of our blessings and earnest in coöperating with other workers. Possibly, if we now possess some degree of thankfulness and earnestness, we have acquired these qualities through long experience and after many failures. Who is not covered with confusion as she remembers "benefits forgot" and opportunities neglected? When the pupil nurses graduate and go off on paths of their own, they will appreciate what was done for them, if they do not do so now. Browning's *Luria* says:

" If we could wait ! The only fault's with time ;  
All men become good creatures : but so slow ! "

As an illustration of how appreciation is developed by circumstances, let me quote from a nurse whose duties call her into country homes where there are no conveniences, or into untidy houses where to eat seems impossible. "When one thinks of the many, many things to be done every day by the nurse, with no direct bearing on the patient, it does seem that a hospital case once more would be perfect bliss"; and again, "Many times I have planned to stay away from the kitchen while the meal is being prepared because I know if I do not I cannot eat. The regularity and simplicity of a training-school meal would seem a wonderful treat. At one place I lived on boiled eggs, hickory-nuts and apples; anything that had been opened in that house, I had no use for." This nurse was probably grateful for her blessings at the time of her training, as far as in her lay, but it requires experience to ripen true appreciation in us all.

It will not do to give up ourselves or our fellow-beings in despair; to indulge in self-pity is the most harmful of occupations. Let us take Emerson's advice:

"Every man takes care that his neighbor shall not cheat him. But a day comes when he begins to care that he does not cheat his neighbor; then all goes well. He has changed his market-cart into a chariot of the sun."

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### FREE TO ALL NURSES

THE announcement was made in these pages some months ago of the endowment of a room in the Presbyterian Hospital in New York for the use of sick nurses. This very liberal gift to nurses was

made by Mrs. Maurice K. Jessup, in memory of her mother, and is known as the Eliza Dewitt Memorial room. This room is intended to be not only for the use of the graduates of the Presbyterian Hospital, but for any graduate employed by the New York Mission and Tract Society, and any graduate from any reputable training-school in good standing. This is the most liberal gift to nurses that we know of, and we think it is not perhaps generally known that it is free to all nurses. Of course the applicants for its use who are strangers to the hospital authorities must furnish satisfactory evidence of their eligibility.

We have recently received a letter of inquiry from one of our subscribers, asking what it is customary for hospitals to do in regard to the care of their graduates. We do not think there is any fixed rule governing the hospitals. We know of some who make it a practise to give a liberal reduction in private rooms, and who give private-room care to their graduates free of charge, when they know the nurses are unable to meet the cost of a long sickness. We know of others who give free care only in the wards. We have never heard of a hospital which refused to care for its graduates, if they were not able to pay. The custom is becoming quite general, particularly in the larger centers, for the alumnae associations to endow a room for their sick members in the hospital, and many of those associations now have sick-benefit funds which are available to any of their members.

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### A BADGE FOR REGISTERED NURSES

THE demand for some distinguishing sign for registered nurses becomes greater every day. There have been a number of suggestions which have not seemed altogether practical. A pin is too easily lost or stolen and such emblems are so universally worn by members of organizations of all kinds, that they no longer attract more than a passing glance. We think some kind of a sleeve band should be adopted to be worn only with the uniform, when the nurse is on duty. The Red Cross insignia cannot be used, but we think the letters "R. N." embroidered in blue or red with the state underneath, might be patented by each state association, and its abuse carefully guarded. It would be quite possible for the associated alumnae, acting through a committee representing the states, to agree upon an emblem to be used by all of the states, with the addition of "New York," "Virginia," "Indiana," as it might be. We think it is time that some action should be taken by the nurses themselves for the provision of

a distinguishing mark to be universally worn by registered nurses on duty.

Then, if in the development of the Red Cross Society, the nurses enrolled are allowed to use the Red Cross emblem this emblem might be added to the band. The only difficulty that would seem to present itself would be in securing proper protection, but we are quite sure that this is possible if all the states now having registration would work together.

### MIDWIFERY CONDITIONS IN NEW YORK

MISS ELIZABETH CROWELL, a graduate of St. Joseph's Hospital in Chicago, is engaged in making an investigation of midwifery conditions in New York City that will without doubt be an exceedingly important and entirely original contribution to the sum total of data bearing on social and medical problems. There are now between eight and nine hundred midwives practising among the foreign-born sections of the population. They are absolutely unsupervised, and even the Board of Health has had but a cursory and superficial knowledge of their detail work. While it is too soon to forecast Miss Crowell's findings, it is not too soon to say that she is pursuing her investigations with a masterly intelligence and rare thoroughness and expert knowledge. Her report will appear early in the coming year. Miss Crowell is doing this work under the auspices of the New York Association of Neighborhood Workers, and has been residing in the different branches of the Nurses Settlement.

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### THE PATENT DRUG EVIL

THE Counsel of the New York County Medical Society, Mr. Champe Andrews, well known to nurses of the state for his friendly participation in their legislative work, has written a very notable and forceful article in a recent number of the *New York Medical Journal* on the urgent necessity of uniting all existing bodies whose aims relate to public health or individual purity of body or mind, in one grand affiliation to war against the patent drug evil, with its attendant curses of corruption and deception. Mr. Andrews proposes to unite, for instance, such widely-diverse associations as the American Medical Association, Young Men's and Young Women's Christian Associations, Church organizations, Public Health Associations, etc., etc. He has, in fact, taken the first steps toward such a union, and has received encouraging replies from all sides. He aims at a

national association which shall advance irresistibly against the quack medicine trust, which brings so many other evils in its train. We suggest that organized nurses should be included in this army and cordially approve Mr. Andrews' bold and constructive plan.

### CATHETERIZATION OF MALE PATIENTS

PERIODICALLY this subject comes up for discussion, and though there is nothing new to be said about it, we may occasionally remind ourselves of the conclusions reached by those who have had it to deal with.

Catheterization of a male patient is not a difficult matter or one which requires practise and it is not an essential of a nurse's preparation for her work, for the great majority of nurses will never be called upon to do it. Where occasion does arise, such as a patient in the country with the doctor miles away, and with no other person fit to be trusted to do it properly, the nurse can be shown once, by the attending physician, and she will have no trouble in the procedure later. The occasions in a hospital, where a nurse can be properly taught, arise but seldom, but these should be taken advantage of. In the case of an unconscious man or boy, an attending physician, or a house doctor of good standing, can instruct a pupil nurse in the presence of the head nurse. The plan sometimes suggested of using a catheter for a small boy in order to teach the nurses, is not conducive to good morals in the boy, and these should not be left out of consideration.

Many things that a nurse may do for a man in his own home would be very questionable for her to do for the men in the public wards of a hospital.

No doctor of good principles will leave an order for the use of a catheter by a nurse for a man who is conscious, though ill, and the superintendent of nurses who resents such an order is upholding the moral tone of her school.

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### A RESIGNATION

WE regret to announce the resignation of Miss Marie R. Jammé from our staff of collaborators, because of pressure of other duties. Her place will be filled by Mrs. Alex. Colvin, of 623 Grand Avenue, St. Paul, Minn., President of the Minnesota State Nurses' Association.



### CHRISTMAS; NIGHT WORK AND WOMEN

THE Christmas season has begun for thousands of factory girls in New York State. Many weeks before the holidays the factories work "overtime," turning out articles for the Christmas trade. Factory inspectors and others in touch with shop conditions have long been alive to the fact that in these months there is open violation of the New York law and women and young girls are kept working thirteen and fourteen hours in a day.

But no such wholesale estimate of the situation has been gotten together as that embodied in a report of an investigation in New York City, carried on under the College Settlements Association, aided by the Association of Neighborhood Workers, the Consumer's League, the Women's Trade Union League, working girls' clubs and other organizations of a similar sort.

Some of the facts dug up are little short of the sensational in their arraignment of industrial abuses. For example, there is the theatrical dressmaker, who, last January, kept girls at work from eight in the morning until half-past two the next morning, in her shop just off Broadway. The investigator was Miss Mary Van Kleeck, of the College Settlement. To quote three cases from her report, illustrative of many others:

"Paper boxes are an important part of the Christmas trade. In a paper-box factory in New York City a girl operates the cutting machine. To keep one's hands clear of the stroke of the knife requires constant watchfulness, yet no protection is provided. The guard, which was invented to prevent accidents, limits the output by one-half, and the girl would be discharged if she used it. In rush seasons this girl and all the others in the factory (they number three or four hundred) work from 7:45 A.M. until eight at night with a half hour for lunch and no time for supper. On Saturday they stop at 4:30 in order that the cheapest girls (who earn \$2.50 a week) may have time to clean the machinery. They frequently work on Sunday, making a total of more than seventy hours in a week. To the question 'Would you be discharged if you refused to work overtime?' the answer was 'Yes'.

"A candy factory works from 7:15 A.M. until 7:45 P.M., with one-half hour for dinner and no time for supper, twelve hours in a day, five days in the week. On Saturday, they work until 6:45 P.M., eleven hours, seventy-one hours in the week.

"In a cigar factory the women work from 7 A.M. until 7 P.M., and on Saturday until 5 P.M. The workers live in the neighborhood. Promptly at twelve they rush from the factory for dinner, returning to work after fifteen minutes or less. They are piece-workers, and they must lose no time or their wages will be very small. Their working weeks in the season preceding Christmas are nearly seventy hours long."

While the factories are "speeding up" in every department this autumn, and the fifty factory inspectors are trying to watch 78,000

factories in the State, the Supreme Court of New York in the appellate division is about to decide whether New York State has a right to restrict the hours of women's work in factories. Besides forbidding a working week longer than sixty hours, New York State prohibits the employment of women between the hours of nine at night and six in the morning. If the judges should hold this latter provision unconstitutional, the "bosses" in the factories might legally keep their women employees at work all day and all night, any hours not exceeding sixty in a week. That theatrical dressmaker who, last winter, kept her girls at work for over eighteen consecutive hours would then be within the law.

The courts of several states have given decisions on this subject. Illinois decided that such laws violate freedom of contract. But Massachusetts, Nebraska, Washington, and Oregon, and the Supreme Court of the United States, have declared that freedom of contract is not violated when the state extends legal protection where (by reason of economic inequality) the contract is not free, or where public health and public morals demand legislative restriction. In an article in the October issue of *Charities and The Commons*, Miss Van Kleeck discusses the situation. She says:

"It is not true that factory women are free to contract. When one side can say to the other, 'Work on these terms or lose your job,' 'Work or starve,' the contract is not free.

"If the public demands it, New York State will frame wise laws for the protection of women workers. The decision of the Court will be the foundation. If adverse, it will turn far back the progress of industrial betterment, at the very season of the year when legal protection is most needed."

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## THE TRAINING OF DISTRICT NURSES

WE think the last word has not been spoken by Miss Dock on the subject of the training of visiting nurses, although she expresses views that are held by many of the most able teachers in the profession. If this experience can be given under proper supervision during the last half of the third year for a period of not more than three months we think it may be made exceedingly valuable as a means of developing character and of giving a broader conception of a nurse's life and obligation. If at that period a pupil is incapable of giving acceptable service to the poor she certainly should not be permitted to graduate and with the protection of her diploma impose upon the rich.

The plan is not practicable for all hospitals or in all places but

we believe it may be used to advantage under some conditions where the hospital experience is limited and where abuses can be controlled. We should not lose sight of the fact that the ideal method of training nurses has not yet been discovered and that as a profession nursing is only in its infancy.

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#### PROGRESS OF STATE REGISTRATION

MISSOURI.—The first report from the state association of Missouri appears in this number, and if our list is correct makes twenty-four states organized, with a law for state registration of nurses already in operation in eight of them. This is a splendid showing for so short a period of time.

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WE are now making a clubbing offer which will extend through the year of 1907, and it includes so many good "bargains" that we hope all of our readers will tell their friends about it. It benefits old as well as new subscribers. Look in the advertising department of this number for Clubbing Offers for 1907.

